

Approved For Release 2002/03/28 : CIA-RDP78-04718A000400050105-8

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SECURITY INFORMATION

PERSONNEL EVALUATION REPORT

Items 1 through 6 will be completed by Administrative or Personnel Officer

1. NAME (Last) (First) (Middle)		2. GRADE	3. POSITION TITLE	
4. OFFICE	STAFF OR DIVISION	BRANCH	<input type="checkbox"/> DEPT'L. <input type="checkbox"/> FIELD	IF FIELD, SPECIFY STATION
5. PERIOD COVERED BY REPORT From To		6. TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor		

Items 7 through 10 will be completed by the person evaluated

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).

10.

DATE

SIGNATURE

Items 11 through 18 will be completed by Supervisor

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

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12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?

13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?

14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.

15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)

16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?

17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.

18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.

DATE

SIGNATURE OF SUPERVISOR

19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in item 20.)

DATE

SIGNATURE OF REVIEWING OFFICIAL

20. COMMENTS:

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